

**PROCEDURE FOR APPLICATION FOR APPOINTMENT
AS AN INDEPENDENT VOCATIONAL EVALUATOR
THE CALIFORNIA SYSTEM**

What is an Independent Vocational Evaluator (IVE)?

A person appointed by the Rehabilitation Unit, Division of Workers' Compensation, State of California, to perform functions specified in Article 2.6 of the California Administrative Code (Rehabilitation Administrative Rules).

Who can apply or renew their application?

Any person doing business in accordance with labor code section 139.5 of the State of California believing that he or she meets the requirements of Labor Code Section 4635(c). They are:

(c) "Independent Vocational Evaluator" means a qualified rehabilitation representative who in addition to the requirements of subsection (b) meets one of the following qualifications:

- (1) A doctorate or master's degree in vocational counseling or its equivalent and one or more years full-time experience in vocational counseling of industrially injured employees.
- (2) A doctor of medicine degree and one or more years full-time experience in psychiatric or psychological evaluation of disabled adults in relation to rehabilitation counseling.
- (3) A doctorate or master's degree in counseling or psychology or their equivalent and two or more years full-time employment using rehabilitation counseling techniques and conducting vocational evaluations of disabled adults under the direct supervision of an independent vocational evaluator.
- (4) A baccalaureate degree in any field and three or more years full-time employment using rehabilitation counseling techniques and conducting vocational evaluations of disabled adults under the direct supervision of an independent vocational evaluator.

How can I apply?

Complete the enclosed application form and send it together with evidence of experience and education to:

**REHABILITATION UNIT
DIVISION OF WORKERS' COMPENSATION
Policy, Program Evaluation & Training
6150 Van Nuys Blvd., Room 215
Van Nuys, Ca. 91401**

All applications will be reviewed to determine if education and experience requirements are met. Applications shall be accepted from individuals only.

When can I apply or update information?

Applications for appointment to the IVE list will be accepted at any time by the Rehabilitation Unit, Division of Workers' Compensation. The list will be reviewed and revised in March of every year. Those who are on the list will be contacted during his time for renewal.

Applications are also to be used to provide an updated change of business address to the rehab unit upon IVE's knowledge of their change of business address.

How will the list be established?

The Rehabilitation Unit shall make appointments as provided for in Section 10127.2:

- (a) The Rehabilitation Unit Headquarters shall maintain a list of Qualified Rehabilitation Representatives (QRR) who meet the requirements of an Independent Vocational Evaluator (IVE) pursuant to Labor Code Section 4635(c). A QRR who meets the qualifications specified in Labor Code Section 4635(c) may apply to be included on the IVE list throughout the year. The IVE list shall be reviewed and revised on a yearly basis, and shall be made available upon request.
- (b) The parties are encouraged to select a QRR whenever a dispute is raised regarding the assignment of a QRR. If the parties cannot agree on the selection of a QRR within (15) days, either party may request the Rehabilitation Unit to appoint an IVE. To request an IVE either party must file a Request for Dispute Resolution, Form DWC RU-103, with the correct Rehabilitation Unit district office.
- (c) Within fifteen (15) days of receipt of the request, the Rehabilitation Unit district office shall ask the Rehabilitation Unit Headquarters to identify an IVE and the IVE shall be appointed with notice served simultaneously on the IVE and all parties. The assignment shall be made in rotation from a panel of all Independent Vocational Evaluators in the geographic area included within the Venue of the correct Rehabilitation Unit district office and who meet the language and specialty requirements, if any, of the employee.
- (d) Upon receipt of notification of the IVE appointment, the employer shall forward all medical and vocational reports to the IVE within ten(10) days.
- (e) The IVE shall communicate with the injured worker throughout the provision of rehabilitation services. Except as specified in Administrative Rule 10127.2(e) above, no party shall communicate with the IVE regarding the evaluation unless otherwise directed by the Rehabilitation Unit except for communications initiated by the IVE. All such communications shall be confirmed in writing by the IVE.
- (f) The Rehabilitation Unit may order that vocational rehabilitation services be provided by an Independent Vocational Evaluator at the expense of the employer, subject to the maximum expenditure for counseling fees set forth in Labor Code Section 139.5 for injuries occurring on or after 1/1/94, upon a finding of any of the following:
 - (1) The claims administrator failed to provide vocational rehabilitation services in a timely manner subsequent to the employee requesting vocational rehabilitation services;
 - (2) An independent vocational evaluation is necessary for the rehabilitation unit to determine if an employee is vocationally feasible;
 - (3) An independent vocational evaluation is necessary for the rehabilitation unit to determine if a vocational rehabilitation plan meets the requirements of this article; or
 - (4) The employee and qualified rehabilitation representative cannot agree on a vocational goal.

NOTE: Authority Cited: Labor Code Sections 133, 139.5, 5307.3
Reference: Labor Code Sections 4635, 4639

How can an IVE be removed from the list?

- (1) Upon request of the IVE.
- (2) When the IVE is no longer available to provide necessary rehabilitation services during the business week.
- (3) Failure to commence provision of vocational rehabilitation services within 15 days of appointment.
- (4) Failure to comply with the Statutes, Administrative Rules, Regulations, Guidelines, Standards, or determinations of the Rehabilitation Unit.
- (5) Falsification of the application for IVE.

Who pays for services?

The responsible insurer or self-insured employer, as stated in the Rehabilitation Unit determination or order of appointment of an IVE shall pay for all reasonable and necessary services.

Administrative Rule 10132(h) states:

"Qualified Rehabilitation Representatives appointed by the Rehabilitation Unit to act in the capacity of an Independent Vocational Evaluator shall strictly adhere to the fee schedule. Use of service code 90 should have prior approval from the Rehabilitation Unit" (applicable to pre-94 injuries only).

Copies of the billing shall accompany the vocational reports served on the Rehabilitation Unit.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REHABILITATION UNIT

APPLICATION FOR APPOINTMENT AS
INDEPENDENT VOCATIONAL EVALUATOR

INSTRUCTIONS: Submit completed application with required attachments to the Dept. of Industrial Relations, Division of Workers' Compensation, Policy, Program Evaluation & Training. 6150 Van Nuys Blvd., #215. Van Nuys, CA. 91401. You may be requested to furnish verification of all entries on this form.

Applicant's Name:

Last First Middle

Current Business Address:

City State Zip

Firm Name:

Mailing Address

(if different than above)

City State Zip

Telephone #:

POST SECONDARY EDUCATION

Name & Address of Institution Major Course of Study Degree Date of Degree

Undergraduate

Graduate:

IF YOU DO NOT HAVE A DEGREE IN VOCATIONAL COUNSELING, COUNSELING, OR PSYCHOLOGY, EXPLAIN WHY YOU BELIEVE YOUR DEGREE IS EQUIVALENT. **ATTACH A SEPARATE SHEET FOR EXPLANATION.**

ATTACH EXACT COPIES OF ALL LISTED DEGREES OR PROOF THAT DEGREES WERE CONFERRED.

QUALIFYING EXPERIENCE

List all experience that you claim qualifies you to be appointed as an I.V.E., starting with the most recent experience.

Name & Address of Firm or Facility	Type of Firm or Facility	Description of Position & Duties Performed	Period of Experience From - To

Average hrs/wk _____.

Specify the percentage of time that you personally spent in the evaluation, counseling or placement of industrially injured workers _____%.

Was this experience obtained while you were under the supervision of an I.V.E.? Yes ____ No ____

Name of I.V.E. _____

Name & Address of Firm or Facility	Type of Firm or Facility	Description of Position & Duties Performed	Period of Experience From - To

Average hrs/wk _____.

Specify the percentage of time that you personally spent in the evaluation, counseling or placement of industrially injured workers _____%.

Was this experience obtained while you were under the supervision of an I.V.E.? Yes ____ No ____

Name of I.V.E. _____

How many injured workers did you develop vocational rehabilitation plans that were agreed to or submitted to the Rehabilitation Unit for approval, within the last twelve months? _____

LIST ON A SEPARATE SHEET THE NAMES OF THESE EMPLOYEES AND THEIR REHABILITATION UNIT CASE NUMBER AND/OR SS#.

List those languages, other than English, in which you are verbally fluent _____

List areas of special expertise (e.g. working with blind, deaf, chemically dependent persons, etc.) _____

List the local Rehabilitation Unit Office for which you are available to serve as an I.V.E. _____

List other offices for which you wish to be considered: _____

"I understand that my status as an Independent Vocational Evaluator is subject to scrutiny by the Rehabilitation Unit and that I may be removed for cause from the I.V.E. list if my actions as a rehabilitation counselor in the field of workers' compensation are not in keeping with laws, regulations and standards. I further understand that I am entitled to a hearing in front of the Rehabilitation Unit Manager if I object to the notice of removal, as evidenced by my signature below."

The information contained in this application is true and correct to the best of my knowledge.

Signed by _____ at _____

City _____ State _____ on (date) _____